SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Expires:	April 30, 2008
Estimated average burden	
hours per response	16.00

	SEC USE	ONLY	
Prefix			Serial
	DATE RE	CEIVED	

Name of Offering (check if this is an am Offering of Series C Preference Shares	endment and name	has changed, and indi	cate change.)				
Filing Under (Check box(es) that apply): Type of Filing: New Filing	☐ Rule 504 ☐ Amendment	☐ Rule 505	☑ Rule 506	Section 4(6)	ULOE		
A. BASIC IDENTIFICATION DATA							
 Enter the information requested about the i Name of Issuer (☐ check if this is an amen 99Bill Corporation 		s changed, and indica	te change.)				
Address of Executive Offices (Number and 11th Floor, Real Estate Mansion, 201 Nan Q				Telephone Number (Inclu 8621-5877-9699	iding Area Code)		
Address of Principal Business Operations (Number and Street, City, State, Zip PROCESSED (if different from Executive Offices) Telephone Number (Including Area Code) Mail Processing Section							
Brief Description of Business On-line Bill Pay Service THOMSON RELITERS APR 1 6 2019							
Type of Business Organization Corporation Ilimited partnership, already formed business trust Ilimited partnership, to be formed other (please specify): Washington, De							
Actual or Estimated Date of Incorporation or Organization: Month Year 101							
· · · · · · · · · · · · · · · · · · ·		a; FN for other foreign	n jurisdiction)	FN			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filling of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)



age 1

Each beneficial ownerEach executive officer	having the power to vote	or dispose, or direct the vote or issuers and of corporate gener ip issuers.	r disposition of, 10% or me				
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in Kwan, Oliver	ndividual)				-		
Business or Residence Address c/o 99Bill Corporation, 11 th		•	North, PuDong, Shangl	hai, 200120 China			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if it Chao, David	ndividual)				,		
Business or Residence Address c/o Doll Capital Manageme			CA 94025				
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if it Penner, Greg	ndividual)						
Business or Residence Address c/o Peninsula Capital Fund			k, CA 94025				
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first, if in Nich, Peter	ndividual)			·	<u>.</u>		
Business or Residence Address c/o Lightspeed Managemen			ark, CA, 94025				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) Doll Capital Management							
Business or Residence Address 2420 Sand Hill Road, Suite					- <u> </u>		
Check Box(es) that Apply:	Promoter		☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if it Peninsula Capital Fund I, I							
Business or Residence Address 800 Menlo Avenue Road, S							
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) Dawn Strategic Partners Ltd. (BVI)							
Business or Residence Address Suite 3-802, 99 Pucheng Ro	(Number and Street, Ci	•					
	,				· · · · · · · · · · · · · · · · · · ·		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

2. Enter the information requested for the following

 Enter the information requested for the following Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issues; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if ind Lightspeed Venture Partners							
Business or Residence Address () 2200 Sand Hill Road, Menlo		ty, State, Zip Code)					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if ind Fayez Sarofim Investment Pa		Р.					
Business or Residence Address (I Two Houston Center Suite 29							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if ind	lividual)						
Business or Residence Address (I	Number and Street, Ci	ty, State, Zip Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, Ci	ty, State, Zip Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, Ci	ty, State, Zip Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
	(Use blank she	et, or copy and use additional	copies of this sheet, as n	ecessary)			

1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								***********		⊠		
Answer also in Appendix, Column 2, if filing under ULOE.													
2.	2. What is the minimum investment that will be accepted from any individual?								,.,	\$ <u>N/A</u>			
_		~ .	*. * * .	1: 6								Yes □	No ⊠
3. 4.						been or will t							
4.	similar re	muneration	for solicitati	on of purch:	asers in coni	nection with sa	ales of secu	rities in the of	ffering. If a	person to be	listed is		
	or dealer.	ted person If more tl	oragentofa han five (5)	persons to	ealer registe be listed are	red with the S associated p	EC and/or v ersons of si	vith a state or uch a broker	states, list the or dealer, yo	e name of the ou may set fo	orth the		
			roker or deal			•							
Full	Name (Las	st name first	t, if individua	al)									
				N/A									
Busi	iness or Re	sidence Ado	iress (Numb	er and Street	t, City, State	, Zip Code)							
Nan	ne of Assoc	iated Broke	er or Dealer										
State	es in Which	h Person Lis	sted Has Soli	cited or Inte	nds to Solic	it Purchasers							
	(Check	"All States	" or check in	idividuals S	tates)						************	□ A	II States
[AL	}	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[או]	[lA]	[KS]	[KY]	[LA]]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	·)	[NE]	[NV]	[NH]	[[[[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (La	st name first	t, if individu	al)									
Bus	iness or Re	sidence Ade	dress (Numb	er and Stree	t, City, State	, Zip Code)							
Nam	ne of Assoc	ciated Broke	er or Dealer										
State	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check	"All States	" or check in	ndividuals S	tates)				.,,,,,,,,,,,			□ A	II States
[AL	.]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)		[N]	[IA]	[KS]	[KY]	[LA]]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	Γ}	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (La	st name firs	t, if individu	al)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							_						
(Check "All States" or check individuals States)									□ A	il States			
[AL	.]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[1L]		[IN]	[1A]	[KS]	[KY]	[LAJ]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	r}	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Agguagata		4	int Almanda	
Ty	pe of Security	Aggregate Offering Price	Amount Already Sold			
Del	ot	\$0.00	\$		0.00	
Equ	uity	\$ <u>11,999,999.15</u>	\$	11,9	11,999,999.15	
	☐ Common ☑ Preferred					
Co	nvertible Securities (including warrants)	\$0	\$		0.00	
Par	tnership Interests	\$0.00	\$		0.00	
Oth	ner (Specify)	\$0.00	\$		0.00	
	Total	\$ <u>11,999,999.15</u>	\$	11,9	999,999.15	
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
		Number Investors		Dolla	ggregate ir Amount Purchase	
Ac	credited investors	13	S	11,9	999,999.15	
No	n-accredited Investors	00	\$		0.00	
	Total (for filings under Rule 504 only)	N/A			N/A	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of		Dolle	ar Amount	
Ту	pe of Offering	Security	Sold			
Ru	le 505	N/A	\$		0.00	
Re	gulation A	N/A	\$		0.00	
Ru	le 504	N/A	\$		0.00	
	Total	N/A	S		0.00	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Tra	ansfer Agent's Fees		\$		0.00	
Ргі	nting and Engraving Costs		\$		0.00	
Leg	gal Fees	×	\$		100,000.00	
Ac	counting Fees		S	_	0.00	
En	gineering Fees		\$		0.00	
Sal	es Commissions (specify finders' fees separately)		S		0.00	
Otl	ner Expenses (identify)		\$		0.00	
	Total	Ø	S		100,000.00	

11,899,999.15 proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors & Affiliates Payments to Others **\$**____0.00 □ s_____ 0,00 Salaries and fees □ \$____ Purchase of real estate 0.00 □ s_____ **□ \$** 0.00 Purchase, rental or leasing and installation of machinery and equipment 0.00 **\$** 0.00 S_____0.00 Construction or leasing of plant buildings and facilities..... Acquisition of other businesses (including the value of securities involved in this offering that may be used □ \$_____0.00 □ \$ 0.00 in exchange for the assets or securities of another issuer pursuant to a merger) □ **\$**____ 0.00 Repayment of indebtedness □ **\$** 0.00

□ **\$**____0.00

□ **\$** 0.00

\$____0.00

⊠ \$_____

■ \$ 11,899,999,15

■ \$ 11,899,999.15

0.00

□ s_____

11,899,999.15

b. enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross

Working capital

Other (specify):

Column Totals

Total Payments Listed (column totals added)

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date of4
99Bill Corporation	(Mell	April / , 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Oliver Kwan	Chief Executive Officer	

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

END